Start your assessment with a systematic review of the risks and benefits of continued opioid.

If patients have improved function, adequate pain relief, and low risk for opioid-related harms, continue their current dose, but with regular risk–benefit assessments.

If the risks outweigh the benefits, explain the need for tapering (see Broaching the Subject) and initiate a slow taper. If tapering is successful over time, document progress and continue to assess risks quarterly.

If patient is unable to taper to a dose where benefits outweigh the risks, check for a diagnosis of prescription opioid dependence (POD) or opioid user disorder (OUD) (see Addiction and Dependence Happen).

For POD, consider transitioning to buprenorphine as a harm reduction strategy, or slow down the taper. Reassess at least quarterly.

For OUD, transition to buprenorphine or other treatment for OUD. Reassess at least quarterly.